## EXHIBIT C

FORM B10 (Official Form 10)(NEW) UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA					
Name of Debtor	Case Number				
USA COMMERCIAL MORTGAGE COMPANY	06-10725-LBR				
Name of Creditor (The person or other entity to whom the debtor owes	[ ] Check box if you are aware that				
money or property)	anyone else has filed a proof of				
RUTH ACOSTA t/a	claim relating to your claim. Attach				
LIBERTY RESOURCE MANAGEMENT  Name and address where notices should be sent	copy of statement giving particulars				
	[ ] Check box if you have never received any notices from the	; ;			
Ruth Acosta PO. Dex 7059 Anduboo, PA 10407 Norristown, PA 19403	Bankruptcy Court in this case				
PO. Bex 7069	Check box if the address differs				
Audubon BA 10407 A) A MYMISTERO MVI	from the address on the envelope				
Norristown PA 19403	sent to you by the Court				
Telephone number (610) 631-9934		This Space Is For Court Use Only			
Account or other number by which creditor identifies debtor	Check here if this claim	<u> </u>			
	[X] replaces				
		filed claum, dated <u>11/10/06</u>			
4 B . C . Cl	M amends	44 TT O O O 444 1 ( )			
1 Basis for Claim	[] Retiree benefits as defined in				
[ ] Goods sold	[ ] Wages, salaries, and compensa				
[ ] Services performed	Your SS #				
[ ] Money loaned					
[ ] 13 Personal injury/wrongful death	Unpaid compensation for sei				
[] Taxes	from to				
[X] Other – Unremitted Principal	(date)	(date)			
2 Date debt was incurred Unknown 4 Total Amount of Claim at Time Case Filed \$2,718.	3 If court judgment, date obtained	<u> </u>			
[ ] Check this box if claim includes interest or other charges in addition to of all interest or additional charges		a itemized sustement			
5 Secured Claim.	6 Unsecured Priority Claim.				
[ ] Check this box if your claim is secured by collateral (including a	[ ] Check this box if you have an unse	cured priority claim			
nght of setoff)	Amount entitled to priority \$				
Brief Description of Collateral	Specify the priority of the claim				
[ ] Real Estate [ ] Motor Vehicle [ ] Other	[ ] Wages, salaries, or commissions (up to salaries of the bankruptcy petition or cess				
[ ] Other	whichever is earlier - 11 U S C § 507(a				
Value of Collateral \$	[ ] Contributions to an employee benefit pla	nr - 11 USC § 507(a)(4)			
· · · · · · · · · · · · · · · · · · ·	[ ] Up to \$2,225* of deposits toward purel	ase lease or rental of property or			
	services for personal family or househ  [ ] Alimony maintenance or support owed				
	11 USC § 507(a)(7) [] Taxes or penalties owed to governmenta	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	[ ] Other Specify applicable sub-paragraph *Amounts are subject to adjustment on 4/1/	of 11 USC § 507(a)			
	respect to cases commenced on or after th	e date of adjustment			
7 Credits The amount of all payments on this claim has been credit	ed and deducted for the purpose of				
making this proof of claim.					
8 Supporting Documents Attach copies of supporting documents, such as	promissory notes, purchase	This Space Is For Court Use Only			
orders, invoices, itemized statements of running accounts, contracts					
security agreements, and evidence of perfection of lien DO NOT					
If the documents are not available, explain If the documents are vo					
Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped,					
self-addressed envelope and copy of this proof of claim					
	44				
Date Sign and print the name and title, if any, of the cree	ditor or other person authorized to file				
Date Sign and print the name and title, if any, of the cree	ditor or other person authorized to file	EN EN ADD 4 A 200			
Date Sign and print the name and title, if any, of the cree	acode	FILED APR 1 0 200			



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45					
Name of Debtor		Case Number		4	
USA Commercial N	lortasae Company	06-10725-LBR			
	and the state of t				
NOTE. See Reverse for List	of Debtors and Case Numbers	<u> </u>		-	
	d to make a claim for an administrative exp nent of the case A "request" for payment		Check box if you are aware that anyone else has	1	
	be filed pursuant to 11 U.S.C § 503	O I and I	filled a proof of claim relating		NLY OWED MONEY BY A BORROWE! IS BEING BERVICED BY THE
Name of Creditor and	l Address:		to your claim. Attach copy of statement giving particulars	DEBTORS YOU	DO NOT HAVE TO FILE A PROOF
	1132124203346	5	Check box if you have		IS INCLUDES MONEY FROM THAT ELD IN THE COLLECTION ACCOUNT
ADDES, KEN	NNETH <i>IRP</i> ADWAY APT #7V		never received any notices from the bankruptcy court or	DO NOT EN E 1	'HIS PROOF OF CLAIM FOR A
	H NY 11561		BMC Group in this case	SECURED INTI	EREST IN A BORROWER THAT IS NO
			Check box if this address differs from the address on the		EBTOKS. iready filed a proof of claim with the
			envelope sent to you by the	Bankruptcy Cou	rt or BMC, you do not need to file again
	(516) 897-3810/3820	d=8.5	court.	THIS SPA	CE IS FOR COURT USE ONLY
	other number by which creditor identifies	geptor.	Check here replace	aces a previous	ly filed claim dated
6263			if this claim ame		
1 BASIS FOR CLAIM Goods sold	Personal injury/wrongful death	Retiree I	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Services performed	Taxes		salaries, and compensation	(fill out below)	Other claims against service (not for loan balances)
Money loaned	Other (describe briefly)		digits of your SS #		(not an idea: paidings)
,	Foreset	Onpaid (	compensation for services pr	erronned trom	(date) (date)
2 DATE DEBT WAS INCUR			OURT JUDGMENT, DATE		
4. CLASSIFICATION OF CL See reverse side for important	AIM Check the appropriate box or boxes that	best descr	ibe your claim and state the amo	ount of the claim at	the time case filed
	TY CLAIM \$ 30,878,66		SECURED CLAIM		
Check this box if a) there is	s no collateral or lien securing your claim, or b)	your claim		our claim is sec	ured by collateral (including
exceeds the value of the pre- entitled to priority	operty securing it, or if c) none or only part of yo	ur claim is	a right of setoff) Brief description of	f collisterai	
UNSECURED PRIORITY CL		AS THE THE BUILDING	Real Estate		le 🗌 Other
Check this box if you have a entitled to priority	an unsecured claim, all or part of which is		Value of Collateral		C TT Ottel resonance of the section
Amount entitled to priority	S		1		s at time case filed included in
Specify the priority of the cla	aim		secured claim, if any	\$ 380,5	378.66
Domestic support obligation	s under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225° of deposits tow	ard purchase, leas	e. or rental of property or
Wages, salaries, or commis	sions (up to \$10,000)*, earned within 180 days cy petition or cessation of the debtor's		services for personal, family, o	or household use -	11 U S C § 507(a)(7)
business, whichever is earlie	er - 11 USC § 507(a)(4)	片	Taxes or penalties owed to go Other - Specify applicable per		
Contributions to an employe	ee benefit plan - 11 U S C § 507(a)(5)	لسا	* Amounts are subject to adju	stment on 4/1/07 a	nd every 3 years thereafter
5. TOTAL AMOUNT OF CLA	IM \$ 20 000 (/ A	2=-	with respect to cases commer	nced on or after the	date of adjustment.
AT TIME CASE FILED	IM \$ 30,828.66 \$ _		000.00 \$	I samuella A	\$ 380,878.66
Check this box if claim inclu	ides interest or other charges in addition to the	4-		( pmority) mized statement :	(Total)
					<del>-</del>
7 SUPPORTING DOCUM	fall payments on this claim has been creditents Attach copies of supporting documents.	neas eu	educted for the purpose of n chias promiseony notes, pur	naking this proof chase orders in	Of claim
TUITHING SICKNAINS, CONTRICT	is, court juogments, mortgages, security ac	areements	i. and evidence of perfection	often DONO	T SEND ORIGINAL
	ments are not available, explain if the do Y. To receive an acknowledgment of the				d annual and annual thus
proof of claim			on vient, vientes a statisper	s, sen etti osser	anyarcha eng copy or the
The original of this comp	leted proof of claim form must be sent actually received on or before 5:00 pm,	by mail o	r hand delivered (FAXES N	ОТ	THIS SPACE FOR COURT
for each person or entity	(including individuals, partnerships, co	prevailing	g racinc time, on novembl is, joint ventures, trusts ar	er 13, 2006 id	USE ONLY
governmental units) BY MAIL TO		BY HAND C	OR OVERNIGHT DELIVERY TO	<b>,</b>	
BMC Group Attn USACM Claims Dock		BMC Grou Attn. USA(	p CM Claims Docketing Cente	r	FILED DEC 0 8 2006
P O Box 911 El Segundo, CA 90245-091		1330 East	Franklin Avenue	-	
DATE S	IGN and print the name and title, if any, of the	creditor or	o, CA 90245 other person authorized to file		USA CMC
15/2/01	this claim (attach copy of power of attorne	ey, if any)			107/2501623
INJOIND 1	Denvell # 1	ale			
3	or serve - Con // Con	YME			

UNITED STATES BANKRUPTCY COURT	Dis	TRICT (	OF_Ne	evada	DROOF OF CLAIM
Name of Debtor		Number			PROOF OF CLAIM
11SA COMMERCIAL MURTGAGE				725-LBR	4
NOTF This form should not be used to make a claim for an administrative expense ma					
Name of Creditor (The person or other entity to whom the dubtor owes money or property)				e aware that anyone f of claim relating to	
	VOII		Attach (	copy of statement	
AIG LIMITED, ANEVADA LIMITE  Name and address where notices should be sent, DARTNERS,  E904 VILLA GRANTO LANE	Che			ve never received any akruptcy court in this	
9904 VILLA GRANTO LANE	Case	<b>3.</b>			
GRANITE BAY, CA 95746-647 Telephone number	add			lress differs from the lope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	1	ck here us claım		laces ends a previously file	ed claim dated
1 Basis for Claim				enefits as defined in	
Goods sold Services performed				salaries and compensa r digits of your SS #	
Money loaned			•	compensation for serv	nces performed
Personal injury/wrongful death Taxes Other  SEE EXHIBIT A		fr	om	(date)	(date)
2 Date debt was incurred ///05 3	3.	If cou	rt judg	gment, date obtained	······································
4 Classification of Claim Check the appropriate box or boxes th	nat best des	scribe voi	ur claum	and state the amount	of the claim at the time case filed
See reverse side for important explanations			red Cl		V. 0.00 1.0.00 1.0.00 1.0.00 1.0.00 1.0.00 1.0.00 1.0.00 1.0.0
Unsecured Nonpriority Claim \$			Check	this box if your claim i	s secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	none or		nt of set		
Unsecured Priority Claim				Description of Collatera	
Check this box if you have an unsecured claim all or part of v	which is	<b>'</b>	Value (	of Collateral \$_\(\frac{1}{\lambda}\)	Vehicle Other———
Amount entitled to priority \$					ges at time case filed included in 2 OF EXBINIT A
Specify the priority of the claim	П	<u> </u>			rchase lease, or rental of property
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) of	r ⊢∐	or service § 507(a)	ces for	personal family or ho	usehold use - 11 U S C
(a)(1)(B)				ies owed to governme	ntal units - 11 USC § 507(a)(8)
Wages salaries or commissions (up to \$10 000),* earned within days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier 11 U S C \$507(a)(4)	or's				of 11 USC § 507(a)()
Contributions to an employee benefit plan - 1! USC § 507(a					1/07 and every 3 years thereafter or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$			1 LNY Ex A	LN4 EXA
Check this box if claim includes interest or other charges in addinterest or additional charges	dition to th	unsecur ne princip		(secured) (junt of the claim Attac	priority) (Total) h itemized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim	credited a	and deduc	cted for	the purpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting documents	ents, such	as promi	ssory n	otes, purchase	
orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN	ORIGI	Judgmen	ts, mor	tgages, security	
documents are not available explain If the documents are voluments	minous at	tach a sui	mmary	acio nute	- IAN A 0 2007
8 Date-Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim	ling of you	ır claım	enclose	a stamped, self-	LED JAN 0 9 2007
Date Sign and print the name and title if any, of t	he credito	r or other	r persor	authorized to	
file this claim (attach copy of power of attorney, if any)  (8/2007 Church Clives, Insudent, CAMA Corporation					
Heneral Partner of	46:	Lun	itra	o formalia.	j j
Penulty for mesenting translated laws Fine of the \$500,000	//			2	USA CMC

udulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U

1072501903

FORM BIT (Omerat Form to) (10/03)			
UNITED STATES BANKRUPTCY COURT, DISTRICT OF	NEVADA	<b>.</b>	PROOF OF CLAIM
Name of Debtor			
USA COMMERCIAL MORTGAGE COMPANY	06-10		
NOTE I'ms form should not be used to make a claim for an administrative case. A 'request for payment of an administrative expense may be filed			
Name of Creditor (The person or other entity to whom the debtor owes money or property)		box if you are aware that anyone s filed a proof of claim relating	
DATESCE I ANICI DI		claim Attach copy of statement	
PATRICK J ANGLIN		particulars box if you have never received	
Name & address where notices should be sent JANET L CHUBB, ESQ		tices from the bankruptcy court	
JONES VARGAS	m this		
P O BOX 281		box if the address differs from	
RENO, NV 89504 0281 Telephone number 775-786-5000	by the	ress on the envelope sent to you	THIS SPACE FOR COURT USE ONLY
Last four digits of account or other number by which creditor		e 🗆 replaces	<u> </u>
identifies debtor 500953 5		m = amends a previously filed	claim, dated
1 BASIS FOR CLAIM		Retiree benefits as defined in 11 l	JSC § 1114(a)
□ Coods sold		Vages, salaries, and compensation	n (fill out below)
☐ Services performed	I	Last four digits of your SS#	
□ Money loaned	1	Unpaid compensation for service	s performed from
□ Personal mjury/wrongful death □ Taxes	-	From to	
■ O her DEBTOR'S BREACHES (see adversary complant	<u>pt)</u>	from to	(date)
2 Date debt was incurred		court judgment, date obtained	
2003-2005	}	• • •	
4 Classification of Claim. Check the appropriate box or boxes filed See reverse side for important explanations	that best des	cribe your claim and state the air	ount of the claim at the time case
• •		Secured Claim	
Unsecured Nonpriority Claim \$ 187,005 78 + accrued interes		☐ Check this box if your cla	um is secured by collateral
postpetition payments receive		(including a right of se	
Check this box if a) there is no collateral or lien securing yo		Brief description of colla	· .
b) your claim exceeds the value of the property securing it, or if only part of your claim is entitled to priority	a) none of		or Vehicle  Other
		Value of Collateral \$	
Unsecured Priority Claim.  □ Check this box if you have an unsecured claim, all or part of entitled to priority	which is	Amount of arrearage and othe included in secured claim, if a	
Amount entitled to priority \$			
Specify the priority of the claim	ם ט	of to \$2,225* of deposits toward roperty or services for personal,	purchase, lease or rental of
☐ Domestic support obligations un 11 U S C § 507(a)(1)(A) or (a)(1)(B	·) U	JSC § 507(a)(7)	
☐ Wage , salaries, or commissions (up to \$10,000),* earned with	thin 5	ixes or penalties owed to governr 07(a)(8)	nental units - 11 USC §
180 days before filing of the bankruptcy petition, or cessation of debtor's business whichever is earlier- 11 U S C § 507(a)(4)	tue □ O	THER - Specify applicable parag	raph of 11 USC § 507(a) ()
☐ Contributions to an employee benefit plan - 11 U S C § 507(		ounts are subject to adjustment on 4/, with respect to cases commenced on	
The state of the s	<b>7,005 78 +/-</b> nsecured)	S (secured) (pri	ority) \$ (Total)
☐ Check this box if claim includes interest or other charges in a interest or additional charges	ddition to the	e principal amount of the claim	Attach itemized statement of all
6 Credits The amount of all payments on this claim has been c	redited and d	leducted for the purpose of making	ng This Space is for Court Use Only
this proof of claim SEE ABOVE 7 Supporting documents Attach copies of supporting docume.	ute euch ae a	ramiceary notes nurchose arden	FILFD DEC 0 9 2006
invoices, itemized statements of running accounts, contracts, cou			
and evidence of perfection of lien DO NOTSEND ORIGINAL	DOCUMENT		USA CMC
available, explain If the documents are voluminous, attach a sur		Shows and a 10	
8 Date-Stamped copy To receive an acknowledgment of the fi addressed envelope and a copy of this proof of claim.	ang of your o	nam, enclose a stamped, self-	1072501664
Date Sign and print the name and title, if any, of the	creditor or ot	her person authorized to file this	
ctann (attach copy of power of attorney, if any)		•	r

	PRO	OF OF CLAIM	1.12 Pa(	<del>Je o or 11</del>
Nome of Debtor	Con Number			
Name of Debtor USA Commercial Mortgage Co	Case Number			
CUSH COMMERCIAL MORI MARECO,	かべっ	5-06-10725 LBR		
NOTE See Reverse for List of Debtors and Case Numbers				
This form should not be used to make a claim for an administrative expeansing after the commencement of the case. A "request" for payment of		Check box if you are aware that anyone else has	Í	
administrative expense may be filed pursuant to 11 U S C § 503	i uii	filed a proof of claim relating to your claim Attach copy of		
Name of Creditor and Address		statement giving particulars		
11321241000105	i	Check box if you have		
ARTHUR E KEBBLE & THELMA M KEBBLE FAMILY TRUST DATED 5/19/95		never received any notices		
C/O ARTHUR E KEBBLE & THELMA M KEBBLE TRUS	STEES	from the bankruptcy court or BMC Group in this case		HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
9512 SALEM HILLS CT		Check box if this address	ONE OF THE DE	
LAS VEGAS NV 89134-7883		differs from the address on the envelope sent to you by the		ready filed a proof of claim with the tor BMC you do not need to file again
Creditor Telephone Number (762 - 242 - 4129		court court	1 ' '	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies de	ebtor	Check here	res.	
#1683		Check here	a previous	y filed claim dated
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages s	salaries and compensation (	fill out below)	Other claims against servicer
Services performed Taxes	Last four	digits of your SS#		(not for loan balances)
Money loaned Other (describe briefly)		compensation for services per	rformed from	to
2 DATE DEBT WAS INCURRED VARIOUS—SEED AT	3 IF C	OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that I See reverse side for important explanations	best descri	be your claim and state the amoi	unt of the claim at	the time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) v	our claim		our claim is secu	ired by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	ur claım ıs	a right of setoff)		TTRUST DECA
UNSECURED PRIORITY CLAIM		Brief description of		w property
Check this box if you have an unsecured claim all or part of which is		Real Estate	」 Motor Vehicl	e U Other
entitled to priority		Value of Collateral	\$ + 32,	646 715-7313,767.61
Amount entitled to priority \$		Amount of arrearage ar	nd other charge	included in
Specify the priority of the claim	_	secured claim, if any	32,646	<i>u</i>
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa services for personal family o		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go		
business whichever is earlier 11 U S C § 507(a)(4)		Other - Specify applicable para		= ''''
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjus	stment on 4/1/07 a	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$	313,	with respect to cases commen		
AT TIME CASE FILED (unsecured)			HESTY LOIZ	
Check this box if claim includes interest or other charges in addition to the	•			
6 CREDITS The amount of all payments on this claim has been credit	ted and d	educted for the purpose of m	aking this proof	of claim
7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts contracts, court judgments, mortgages, security accounts to the documents and the security accounts are supported by the security accounts and the security accounts are security as a security accounts are security accounts.	areement:	s, and evidence of perfection.	of lien DO NO	voices itemized statements of OT SEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the do  8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim.				d envelope and copy of this
	<b>.</b>	-1-11-1-17-0		
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, co	prevailin	g Pacific time, on Novembe	r 13. 2006	THIS SPACE FOR COURT USE ONLY
governmental units)		-		
BMC Group	BMC Grou		רוו רח	NOV 10 2006
		CM Claims Docketing Center	FILLU	INON TO COOR
El Segundo CA 90245-0911	El Segund	lo CA 90245		HEA CMC
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorned).	creditor or	other person authorized to file		USA CMC !!
11/3/06 HATHIREKEBBLE		ither & Kabo	0_	1072501177
TRUSTEE	رد	marie 1400	L.S.	<u> </u>

FORM B10 (Official Form 10) (10/05)

	icial i offir to) (10/05)					
UNITED STATE	S BANKRUPICY COURT	Dı	STRIC 1	OF	Nevada	PROOF OF CLAIM
Name of Dubtor		Case	Number			PROOF OF CLAIM
USA COI	MMERCIAL MORTEAGE C	0	06	10	725 188	
NOTE This form	should not be used to make a claim for an admini	istrative ex	pense an	sing	after the commencement	
of the case A re	equest for payment of an administrative expense in	ay be filed	pursuant	to	11 USC § 503	
Name of Creditor	(The person or other entity to whom the	Che	ck box i	f vo	u are aware that anyone	
dubtor owes mone	cy or property) RONALD A JDHNSON OF CIT 8.8 ING PEUSION	clse	has file	d a j	proof of claim relating to	
PLAN	OF CIT BIB +NG PENSION	you	ir claim ing partic		ach copy of statement	
	s where notices should be sent				u have never received any	, [
	LO H JOHNSON	not case		the	bankruptcy court in this	
50 SNIDE	RWAY			f the	address differs from the	
Telephone number	1115-359 9415	1	ress on t	he c	nvelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of	account or other number by which creditor		ck here	Т	replaces	
identifies debtor	•	1	us claim	-	amends a previously fil	ed claim dated
1 Rasis for C	laım	<u> </u>		etu	ree benefits as defined in	11115 C & 1114(a)
Goods	sold				es salaries and compens	
	es performed		י ט	.ast	four digits of your SS #	
	/ loaned al injury/wrongful death				aid compensation for ser	vices performed
	SEE EXHIBIT A		fi	rom	(date)	to(date)
	NEP EXHIBIT VI				(date)	(uate)
2 Date debt	was incurred	3.	If cou	ırt j	udgment, date obtained	1
4 Classification	of Clare Chall the second					
See reverse side	of Claim Check the appropriate box or boxes the for important explanations.	iat best des				of the claim at the time case filed
Unsecured Non	priority Claim \$ 202,800				Claim	
Check this b	oox if a) there is no collateral or lien securing you eeds the value of the property securing it, or if c)	r claım, or	X a right	Che	eck this box if your claim setoff)	is secured by collateral (including
b) your claim exconing part of your	eeds the value of the property securing it, or if c) claim is entitled to priority	none or				
Unsecured Prior					ef Description of Collater Real Estate Motor	
	·			_	ue of Collateral \$200	
entitled to priority	ox if you have an unsecured claim all or part of w	vhich is	l		<del></del>	rges at time case filed included in
Amount entitled to	priority \$		secure	ed c	laim if any \$2,800	iges at time case med included in
Specify the priority o	f the claim		Un to \$	2 22	5* of denocate toward no	rchase lease or rental of property
r	port obligations under 11 USC § 507(a)(1)(A) o	_ 니	or service	ces	for personal family or ho	ousehold use - 11 U S C
(a)(1)(B)	port outigations under 11 0 3 C § 507(a)(1)(A) 0	· 🗀	§ 507(a			
Wages salarie	s, or commissions (up to \$10,000),* earned within					ntal units - 11 USC § 507(a)(8)
days before filing (	of the bankruptcy petition or cessation of the debter is earlier - 11 USC \$ 507(a)(4)	or's 📙				of II USC § 507(a)()
	s to an employee benefit plan - 11 USC § 507(a	**************************************	iounis ai with res	re si peci	ibject to adjustment on 4/. Ho cases commenced on t	1/07 and every 3 years thereafter or after the date of adjustment
	ant of Claim at Time Case Filed	// <sub>2</sub> /	101	oħ	A A . A A . A	
_		£	(unsecur	8 <i>U</i> 8d)	(secured) (	priority) (Total)
interest or add	t if claim includes interest or other charges in add itional charges.	lition to the	princip	al a	mount of the claim Attac	h itemized statement of all
£ 6 14	ne amount of all payments on this claim has been	credited a	nd dediv	teri	for the purpose of	Transferred Co
making this pro	of of claim					THIS SPACE IS FOR COURT USE ONLY
7 Supporting D	ocuments Attach copies of supporting docume	ents, such a	s promi	ssor	y notes, purchase	
orders invoices	temized statements of running accounts contra	cts court	udgmen	ts, r	nortgages security	FR 1844 4 6 555
documents are	d evidence of perfection of lien DO NOT SEN not available explain. If the documents are voluments are voluments are voluments.	DIDOUS AH	AL DO	CU mm	MENIS II the	ED JAN 1 2 2007
8 Date-Stamped	Copy To receive an acknowledgment of the fil					
addressed envel	ope and copy of this proof of claim					
Date	Sign and print the name and title if any, of the file this claim (attach copy of power of attor	he creditor	or other	pei	rson authorized to	
1/8/07						
	Smile d	an	m	/	nuslee	USA CMC
Penalty for presen	ting fraudulent claim Fine of up to \$500 000 or	ımprısonm	ent for u	p to	5 years or both 18 U S	1072502261
						<del>- •</del>

Case 06-10725-gwz Doc 8596-3 Entered 07/10/11 14:51:15 Page 8 of 11 FORM B10 (Official Form 10) (10/05)

UNITED STATES BAI	PROOF OF CLAIM			
Name of Debtor USA Commercial	1361.6		Case Number: 6-10725LBR	
NOTE: This form should	not be used to make a claim for an administ for payment of an administrative expense ma	rative ex	pense arising after the commencement	
debtor owes money or pr	me of Creditor (The person or other entity to whom the otor owes money or property):    Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement			
Cohen Living Trust	dated March 6, 1990	ļ -	ring particulars.  neck box if you have never received any	FILED NOV 1 0 200
Name and address where c/o Scott D. Fleming, Esc Hale Lane Peek Dennison 3930 Howard Hughes Pa Las Vegas, Nevada 8916	l n and Howard rkway, 4th Floor	no cas Ch ad	tices from the bankruptcy court in this	
Telephone number: 702-	222-2500			THIS SPACE IS FOR COURT USE ONLY
	nt or other number by which creditor ount ID 2320	Check if this		eviously filed claim, dated:
1. Basis for Claim		□ W La Ui	retiree benefits as defined in 11 U.S.C. § 1 rages, salaries, and compensations (fill or last four digits of SS #:  npaid compensations for services perform  to  (date) (date)	ut below)
2. Date debt was incur	red: See Attachment A	3. If	court judgment, date obtained:	
See reverse side for in Unsecured Nonpriority a) Check this box if: a) th b) Your claim exceeds th only part of your claim is Unsecured Priority Clai Check this box if yo entitled to priority. Amount entitled to priorit	im u have an unsecured claim, all or part of whi	im, or one or ich is	Secured Claim  Check this box if your claim is see a right of setoff).  Brief Description of Collateral:  Real Estate Motor Vehicl Value of Collateral: \$  Amount of arrearage and other charge secured claim, if any: \$  Up to \$2,225* of deposits toward or services for personal, family, or \$ 507(a)(7).	cured by collateral (including  le  Other  es at time case filed included in  purchase, lease, or rental of property household use — 11 U.S.C.
Wages, salaries, or of days before filing of the business, whichever is ea	commissions (up to \$10,000),* earned within bankruptcy petition or cessation of the debtoralier — 11 U.S.C. § 507(a)(4).  employee benefit plan — 11 U.S.C. § 507(a)	r's	☐ Taxes or penalties owed to govern *Amounts are subject to adjustment of with respect to cases commenced on o	f 4/1/07 and every 3 years thereafter
5. Total Amount of Cla	im at Time Case Filed:		\$ Unknown	\$ Unknown
Check this box if clair interest or additional of	n includes interest or other charges in addition	on to the	(unsecured) (secured) e principal amount of the claim. Attach in	(priority) (Total) temized statement of all
Credits: The amoun making this proof of     Supporting Docume orders, invoices, item agreements, and evid documents are not av     Date-Stamped Copy	t of all payments on this claim has been cred	, such as ets, cour ORIGIN ninous, a	s promissory notes, purchase t judgments, mortgages, security IAL DOCUMENTS. If the ttach a summary.	THIS SPACE IS FOR COURT USE ONLY  FILED
Date	Sign and print the name and title, if any, of file this claim (attach copy of power of atto			MIV 1 0 2006
November 9, 2006	USA CMC			

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPICY COURT	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Dubtor	Case Number	PROOF OF CEALIN
U.S.A Commercial Mortgage Co	06-10725-LB	R
NOTE This form should not be used to make a claim for an administ	strative expense arising after the commencement	nt
of the case. A request for payment of an administrative expense ma	ly be filed pursuant to 11 USC § 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property) Shirley M Gellins,	Check box if you are aware that anyone else has filed a proof of claim relating to	
trustee as her some aseparate property	your claim Attach copy of statement	.0
Wer Collins Family Hust-duter 1-29-9	<b>∤</b> □ ઁ ¨'	
Name and address where notices should be sent	Check box if you have never received a notices from the bankruptcy court in the	
Shirley M Collins Court 1975 Snow berry Court Telephone subject, Ca 92-009	case Check box if the address differs from the	
TELEPHONE SURGED CO 92009	address on the envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	the court  Check here replaces	THE DIRECTOR ON CAR.
identifies debtor		filed claim dated 12-15-06
1 Basis for Claim	Retiree benefits as defined	in 11 11 S.C. 8 11 14(a)
Goods sold	Wages salaries and compo	ensation (fill out below)
Services performed  Money loaned	Last four digits of your SS Unpaid compensation for s	
Personal injury/wrongful death	_	•
Taxes See exhibit A	from(date)	to (date)
2 Date debt was incurred	3 If court judgment, date obtain	
12-16-2002	3 If court judgment, date obtain	Red
4 Classification of Claim Check the appropriate box or boxes the	at best describe your claim and state the amo	unt of the claim at the time case filed
See reverse side for important explanations Unsecured Nonpriority Claim \$	Secured Claim	
	Check this box if your clai	m is secured by collateral (including
Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) n only part of your claim is entitled to priority		
Unsecured Priority Claim	Brief Description of Colla	
Check this box if you have an unsecured claim all or part of w	,	or Vehicle Other
entitled to priority	men 13	harges at time case filed included in
Amount entitled to priority \$	secured claim if any \$ 12	54903
Specify the priority of the claim	Up to \$2.225* of deposits toward	purchase lease or rental of property
Domestic support obligations under 11 U S C § 507(a)(1)(A) or	or services for personal family or § 507(a)(7)	household use - 11 U S C
(")(1)(D)	Town or possible and de	mental units - 11 USC § 507(a)(8)
Wages salaries, or commissions (up to \$10 000) * earned within days before filing of the bankruptcy petition or cessation of the debto	180 Other - Specify applicable paragra	
days before filing of the bankruptcy petition or cessation of the debto business whichever is earlier 11 USC § 507(a)(4)	the same and the same of the same of the	4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan 11 USC § 507(a)	(5) with respect to cases commenced o	n or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$880,190 34 880,190.24	8880190,24
Check this box if claim includes interest or other charges in additional charges	(unsecured) (secured) tion to the principal amount of the claim. At	(priority) (Total) tach itemized statement of all
6 Credits The amount of all payments on this claim has been of	credited and deducted for the nurnose of	Tue Spare man Course 12 O
making and broot of ciatin		This Simce is for Court Usi Only
7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contract agreements and evidence of perfection of the Documents.	us, such as promissory notes purchase	
1 -8 - 1 MAL CARGOTTO OF DELICATION OF HER THE NAME OF STATE	ODICINAL EXOCUMENTO 10.1	201
I the documents are volum	IDOUS attach a summary	FILED JAN 11 201
8 Date-Stamped Copy To receive an acknowledgment of the filin addressed envelope and copy of this proof of claim	HILED O	
Date Sign and print the name and title if any of the	creditor or other person authorized to	
1-0-07	ey if any)	
Thirley M. Collins, to	ustee	USA CMC
Penalty for presenting for All		### ### ##############################

UNITED STAFES BANKRUP	UNITED STAFES BANKRUPICY COURT DISTRICT OF Nevada					PROOF OF CLAIM
Name of Dubtor USA COMMERCIAL MORTGAGE CO Case Number 06-10725-LBR						- FROOF OF CLAIM
NOTE This form should not be of the ease. A request for pays						
	NIEL A SINGLE WOMAN	else your	has filed claim A ig particu		m relating to	
Nam. and address where notice DEBORAH A DANIEL 249 S VISTA DEL MONTE ANAHEIM, CA 92807 Telephone number		Case Che addi	ck box if	the bankruptcy the address dif e envelope sen	fers from the	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or oth identifies debtor	ner number by which creditor		ck here is claim	replaces amends a	previously fil	ed claim dated
1. Basis for Claim Goods sold Services performed Money loaned Personal injury/wroi Taxes Other SEE EXH			Ui	ages salaries ist four digits inpaid compen	and compens of your SS #	vices performed
2. Date debt was incurred	NOVEMBER 18,2005	3.	If cour	t judgment,	date obtaine	ı
4 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations  Unsecured Nonpriority Claim \$ 202,376.95  Check this box if a) there is no collateral or lien securing your claim, or only part of your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority  Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  Wages salaries, or commissions (up to \$10,000),* earned within 180  Dotter Specify applicable paragraph of 11 U.S.C. § 507(a)(4)  Wages salaries or commissions (up to \$10,000),* earned within 180  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)  Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in addition to the priority of the claim Attach itemized statement of all						
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim  7 Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary  8. Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.						
Date Sign and print the name and title if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  DEBORAH A DANIEL 714 637-3336  DEBORAH A DANIEL 714 637-3336						

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM		YOUR CLAIM IS SCHEDULED AS:
Name of Debtor	Case Nu	mber:	Schedule/Claim ID s31157
USA Commercial Mortgage Company	1	25-LBR	Amount/Classification \$12 951 80 Unsecured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address.  DAVIS INVESTMENTS 3100 ASHBY AVE LAS VEGAS, NV 89102 1908		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address differs from the address on the envelope sent to you by the court	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. It you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.  THIS SPACE IS FOR COURT USE ONLY
Creditor Telephone Number ( )  Last four digits of account or other number by which creditor identifies  11 36 947	debtor	Check here replain or if this claim amer	Ces a provincial filed claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	
Goods sold Personal injury/wrongful death Services performed Taxes  Money loaned Other (describe briefly)	] Wages, Last four	salaries, and compensation of digits of your SS #	(fill out below) Other claims against servicer (not for loan balances)
2 DATE DEBT WAS INCURRED	la IF C	OURT JUDGMENT, DATE O	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that			
UNSECURED NONPRIORITY CLAIM \$	your claim ur claim is	SECURED CLAIM  Check this box if y a right of setoff) Brief description of Real Estate  Value of Collateral	Motor Vehicle Other
Amount entitled to pnority \$		nd other charges at time case filed included in	
Specify the priority of the claim		secured claim, if any	\$
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)  Contributions to an employee benefit plan 11 U S C § 507(a)(5)		services for personal family of Taxes or penalties owed to go  Other Specify applicable pan  Amounts are subject to adjus	ard purchase lease or rental of property or or household use 11 U S C § 507(a)(7) everimental units 11 U S C § 507(a)(8) agraph of 11 U S C § 507(a) () street on 4/1/07 and every 3 years thereafter used on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 1,000,000.00 \$	1,000,0	200, OO \$	\$ 4,000,000.00
Check this box if claim includes interest or other charges in addition to t	•	secured) amount of the claim Attach ite	(priority) (Total) emized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred. 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, contracts court judgments, mortgages, security DOCUMENTS If the documents are not available, explain. If the B DATE-STAMPED COPY To receive an acknowledgment of the proof of claim.	<i>c<u>uments,</u> su</i> agreement document	uch as promissory notes pur its and evidence of perfections is are voluminous, attach a st	chase orders, invoices, itemized statements of n of lien DO NOT SEND ORIGINAL ummary
The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5 00 proof for each person or entity (including Individuals, partnerships, governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245 0911	m, prevaili corporation BY HAND BMC Gro Attn US/ 1330 Eas El Segun	ng Pacific time, on Novemions, joint ventures, trusts a OR OVERNIGHT DELIVERY TO JUD ACM Claims Docketing Cente St Franklin Avenue do, CA 90245	ber 13, 2006 USE ONLY and FILED JAN 1 3 2007
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attor		other person authorized to file	V) A Trouby